

RENEWAL APPLICATION

MONTANA BOARD OF PUBLIC ACCOUNTANTS
301 SOUTH PARK
PO BOX 200513
HELENA MT 59620-0513
(406) 841-2388

OFFICE USE ONLY

License No. _____
Renew Date: 12/31/_____
Status: Inactive

CERTIFICATE NO. _____

NAME: _____

MAILING ADDRESS: _____

☐

Check here if your address has changed
since you last renewed

City State Zip Country

Your Certificate/License expires on December 31.
Please complete the following information:

Employer/Firm address

Home Address

Preferred Mailing Address is: Home or Employer (Please circle)

Please indicate Social Security number, if issued - -

Professional Category:

___ Public Accounting ___ Private Industry ___ Government ___ Education ___ Other (Specify) _____

Termination is provided by Section 37-1-141, MCA for failure to renew.

I hereby apply for renewal of my Certificate/License. I understand that I cannot offer any public accounting services to the public nor hold myself out of the public as a CPA or LPA while on Inactive Status.

The fee is \$45.00 (\$70.00 if postmarked after December 31). DO NOT SEND CASH.

I DO NOT INTEND TO RENEW MY CERTIFICATE. _____

MILITARY EXEMPTION: Section 37-1-138, MCA, provides for the suspension of collection of license fees, the suspension of continuing education requirements, and the suspension of certain disciplinary actions for persons in military service who affirmatively request that their license be placed on inactive status. Therefore, upon receipt of verification of active military service and submission of this completed form, the board will place such person's license on inactive status.

The question below on legal or disciplinary actions should also include an actions instituted against your firm.

(PLEASE CIRCLE) YES OR NO Have any legal or disciplinary actions been instituted against you since your renewal? If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec. 37-1-105 requires that requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of you license.

Your signature: _____ Date: _____

INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED.